IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Ki Il Kim   )
Serial No.: 09/708,948   )   Art Unit: 2682
Filed: November 9, 2000   )
CELLULAR PHONE HOLDER WITH   )   Examiner: Tuan A. Tran
CHARGER MOUNTED TO VEHICLE   )
DASHBOARD   )

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the office action dated June 9, 2003, please amend the claims as set

forth in the attached sheet headed AMENDMENTS TO THE CLAIMS and amend the

specification as set forth in the attached sheet headed AMENDMENTS TO THE

SPECIFICATION.

In view of the comments set forth in the sheet headed REMARKS, it is requested

that the application be passed to issue with claims 15-21 therein.
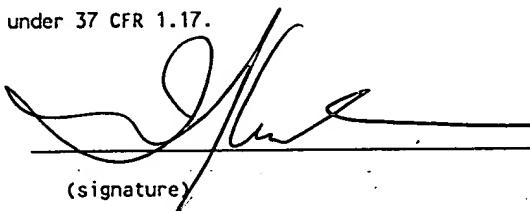
Respectfully submitted,

Irving Keschner
Attorney for Applicant
Reg. No. 24,547
August 19, 2003

Patents/KimKI.amd1
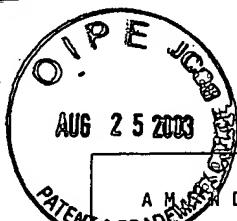
2682

A M E N D M E N T   T R A N S M I T T A L   L E T T E R

			ATTORNEY'S DOCKET NO.

SERIAL NO.	FILING DATE	EXAMINER	GROUP ART UNIT
09/708,948	November 9, 2000	Tuan A. Tran	2682

INVENTION

Cellular Phone Holder With Charger Mounted to Vehicle Dashboard

RECEIVED

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

AUG 2 7 2003

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

____ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.

____ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

_X_ No additional fee is required.

____ The fee has been calculated as shown below:

	(1) CLAIMS REMAINING AFTER AMENDMENT		(2) HIGHEST NO. PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
					RATE	ADDIT FEE		RATE	ADDIT FEE
TOTAL	* 7	MINUS	** 20	0	X $6 =	$		X $12 =	$
INDEP	* 1	MINUS	*** 1	0	X $17 =	$		X $34 =	$
FIRST PRESENTATION OF MULTIPLE DEP CLAIM					X $55 =	$		X $110 =	$
					TOTAL ADDIT. FEE	$	OR	TOTAL	$

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
***If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

____ Please charge my Deposit Account No. _____ in the amount of $_____. A duplicate copy of this sheet enclosed.

____ A check in the amount of $_____ to cover the filing fee is enclosed.

____ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

____ Any additional filing fees required under 37 CFR 1.16.

____ Any patent application processing fees under 37 CFR 1.17.

August 19, 2003
_____
(date)

_____
(signature)

pto/amttrans